FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

AMPAIGH DISCLOSURE BE

2015 JAN 20 PM 1:37

COMMITTEE NAME (Must be same as on Statement	of Organization)		
Freitag for Auditor		1 1	ORM
IMPORTANT: Indicate by # type of committee you are report (1) Statewide/Legislative/Judge Standing for Retention Cank (4) County Central Committee (5) County Candidate (6) C Subdivision Candidate (8) County PAC (9) City PAC (10) 11) Local Ballot Issue	didate (2)State PAC(3)State Party ity Candidate (7)School Board or Other Political	(Re	Office Use Only om. # 17120_
CANDIDATE COMMITTEES ONLY: Candidate Name Dennis Freitag Office Sought Clayton County Auditor	Political Party (if applicable) Republican District (if Senate or House)	Scar	ged in
Late reports are subject to possible civil and criminal penal candidate's committee, and the chairperson, for any other decrease.	Ities. Pursuant to Iowa Code sections 68B.32A type of committee, is the individual responsible	e for filing am	401(3), the candidate, for a ety and accurate reports. 1/20/2015
SIGNATURE OF PERSON FILING REPORT	A CONTRACT OF THE PERSON NAMED IN		
I AM FILING A January 20, 2015	REPORT FOR (1) ELECTION	/(2)NON-E	LECTION YEAR.
(report date)	Indicate by		
CHECK IF AMENDMENT TO REPORT DATED		Local Commi	ittees, enter Date of Election
☐ Check if this is final (termination) report and attach (You must continue to file reports until a DR-	Notice of Dissolution Farm DR-3. 3 is filed.)	which Election Clayton	cal Committees, enter County in on is held
STATEMENT OF CASH ON			
CASH ON HAND at the beginning of the reporting per committee. This amount MUST be the same of the last reporting period or must be zero if	as the cash on hand at the end	\$	67.18
ADD TOTAL MONEY TAKEN IN THIS PER	IOD		
Schedule A: Cash Contributions total (Attac			10.00
Schedule F: Loans Received total (Attach S			The state of the second st
Schedule H: Total Sales of Campaign Propo			- Address - Addr
(Schedule H applies to Candidate	s' Committees Only) SUB-TOTAL	•	77.18
SUBTRACT TOTAL MONEY SPENT THIS		J	
Schedule B: Expenditures (cta) (Attach Schi			8.56
Schedule F: Loan Repayments total (Attach			
CASH ON HAND at the end of this reporting period (if			68.62
**UNPAID BILLS (From Schedule D - Attach Schedul		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	
*IN KIND CONTRIBUTIONS (From Schedule E - Atta	uch Schedule E)	\$	August
			311.75
TOUTSTANDING LOANS (From Schedule F - Attach Schedule F)			YES V NO
CANDIDATE COMMITTEES ONLY:	-		val Consta 477
VALUE OF CAMPAIGN PROPERTY (From Schedule	e H - Attach Schedule H)	\$	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

OR INSTRUCTIONS, SE	E BACK OF FORM	RESI	SCHEDULE	1
OMMITTEE NAME(Mus	t be same as on Statement of Organization)		F	LOANS
reltag for Auditor			(Rev. 02/08)	& REPAIL
	orts money loaned to the committee which is deposited in the FROM LAST REPORTING PERIOD \$	ne committee account.	CHECK AMENDIN	THIS BOX IG FORM
(Original source	ANS RECEIVED THIS REPORTING PERIOD of loan, such as a bank, must be shown if a third party is in	volved. Include loans from	n candidate's personal f	unds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHII CANDIDATE (If Ap		OF LOAN
			\$	NOTICELE PART BETWEEN

ART II - MONETARY L	OAN REPAYMENTS MADE THIS REPORTING PERIOD In must be reported on Schedule E – In-kind Contributions.)	TOTAL (PART I)	\$_0	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP		REPAID
WINDSON TO	(made Endorser S Harre; in Applicable)	CANDIDATE* (If Ap	\$	
	TOTAL CASH	REPAYMENTS (PART II)	\$ 0	
	From Schedule E - TOT		§ O	
	TOTAL OUTSTANDING LOANS EX			
naking a contribution to consanguinity (blood rele	candidate committees to disclose the relationship of any re the committee. Relationship must be shown to the third de atives) and affinity (relatives by marriage). If sumame of co out there is no familial relationship, enter "not applicable" in It applies.	gree of	Page 1 of 1	e F)

Freitag for Auditor

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds)

COMMITTEE	NAME (Must be same	e as on	Statement of	Organization)

SCHEDULE	
(Rev. 12/13)	MONETARY RECEIPTS
	CK THIS BOX IF

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FUND- RAISER INCOME
5-29-2014	ID# CK#	Dennis Freitag 902 N Main St Elkader, IA 52043	elſ	\$10.00	
	ID# CK#				
	ID#				
	CK#				
	ID# CK#			MANAGEM OF FARE MAY MANUFE STRONG EMPLY IN	
	ID# CK#	A. A. A. S.			
	ID# CK#				
	ID# CK#				
Page	ID# CK#				
	ID# CK#				
ANNELS SALVENSON SERVICE STATE SALVENSON SALVE		SI TOTAL (if last page of t	UB-TOTAL	\$ 10.00 \$ 10.00	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no papticable" in the relationship column.

[Tamilial relationship applicable of the relationship column.]

FOR INSTRUCTIONS, SEE BACK OF FORM

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(980	Jac.	mate 1	COM	200	
	وسري		OIL	ROLL.	
AHHH	BELLEVILLE.	ENCIPER	DESCRIPTION AND PERSONS NAMED IN	OF REAL PROPERTY.	48

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE			
В	MONETARY		
(Rev. 07/03)	EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

COMMITTEE NAME	(Must be	same as on	Statement of	Organization)

Freitag for Auditor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMQUNT EXPENDED
3-12-14	ID# CK#	FreedomBank Elkader, IA 52043	Dormant acct fee	\$ 4.28
4-17-14	ID# CK#	FreedomBank Elkader, IA 52043	Dormant acct fee	4.28
	ID#			
	ID#			
	CK#			
	CK#	I .		
	ID# CK#			
	ID#			
A	ID# CK#			
			SUB-TOTAL	\$ 8.56

TOTAL (if last page of this schedule)

\$ 8.56

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)